

**BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI**

In the Matter of an Investigatory and Repository)	
File to Review Requirements of Eligible)	
Telecommunications Carriers, Review the)	
Sufficiency of the Commission's Rules Concerning)	File No. TW-2012-0012
the Missouri Universal Service Fund and)	
Address Issues Raised in the FCC's Connect)	
America Fund Order Pertaining to the Federal)	
Universal Service Fund in Missouri.)	

THE OFFICE OF THE PUBLIC COUNSEL'S SUPPLEMENTAL COMMENTS

COMES NOW the Office of the Public Counsel (Public Counsel) and for its Supplemental Comments states as follows:

Introduction

Public Counsel provided comments on the Staff of the Public Service Commission's (Staff's) August 13, 2012, draft Chapter 31 Rule (Rule) revisions during the August 29, 2012, Workshop. On October 12, 2012, Public Counsel filed updated comments responding to Staff's October 4, 2012, revised draft. These comments supplement those previous comments and are offered in direct response to the additional proposed revisions filed on November 6, 2012, and the Commission's further inquiry described in an October 31, 2012, email from Commission Staff Telecommunications Manager John Van Eschen. Mr. Van Eschen's email indicates that the Missouri Commission seeks additional informal feedback regarding whether companies should be allowed to have flexibility in the consumer Lifeline application form. The Commission asks interested parties to address comments, concerns and suggestions regarding the

proposed draft amendments contained in the file “Ch 31 Proposed Amendments” which was provided as an attachment to the email. The Commission also asks whether the rulemaking needs to be amended in order to provide such flexibility. Additionally, the Commission seeks feedback about other state approaches to exerting oversight on consumer Lifeline application forms including links or documentation of another state’s specific rules or latest decision on this issue.

General Position

Public Counsel supports the use of a generic Lifeline application form. A generic Lifeline form assures consumers greater transparency in a competitive environment, facilitates improved program accessibility and minimizes the costs and administrative burden on agencies and organizations that assist with program delivery.

Program Transparency

Unlike some other state’s Lifeline programs, the Missouri Public Service Commission approved a Lifeline program design which places the burden of applying for Lifeline and the burden of ongoing verification on customers. Neither the application process nor the recertification processes are automatic. Customers on their own or with the assistance of social service agencies or other organizations must obtain, complete and submit an application and must provide documentation annually demonstrating continued eligibility. The use of a generic form allows customers to gain familiarity with the document regardless of whether the customer changes service providers at the same location or changes service provider when the customer’s residence changes to a different location. This is an important consideration for effective delivery of a program targeted to low-income consumers since the low-income population tends to move more often than the general population.

Accessibility

Due to differences in company service areas and the number of companies that might offer Lifeline service in a geographic area, the use of a generic Lifeline application form offers the opportunity for broader accessibility. Using a single generic form facilitates the Commission, the Administrator, social service agencies and other organizations serving low-income clients to distribute the application form electronically through email or on websites and through hardcopy in brochures at the point of service, in event handouts and in targeted mailings regardless of Lifeline service provider or geographic location.

Training and Delivery Costs

Social service agencies and local organizations are key allies for the Commission in fulfilling the State's obligation to preserve and advance universal service. These entities meet with low-income consumers to evaluate consumer needs and to educate clients about the support mechanisms that might be available to assist them. In addition to the time required to meet with clients, the agencies and organizations must train staff to be familiar with both the programs available to low-income consumers and the forms required to apply for support. To date, agencies and organizations that are educating consumers about the Lifeline program have not received compensation from universal service funds to offset the cost of meeting with clients or the cost of training staff about the program. The use of a generic Application form minimizes the burden that the Lifeline program places on these entities.

Does the Rulemaking Need to be Amended in Order to Provide Flexibility for Company Specific Lifeline Application Forms

Section 4 CSR 240-31.050(3)(D)(1) would need to be amended.

Other State Approaches

Although not an exhaustive list, Public Counsel has attached Lifeline application forms and associated authorization documentation from a number of states that appear to use generic electronic or hardcopy Lifeline application forms. The states referenced include Florida, Minnesota, Texas, Utah, Vermont and Colorado. In some cases the local service provider is responsible for providing the generic application to consumers. In other cases a government entity is responsible for receiving applications, certifying customers and in some cases administers the fund.

WHEREFORE, Public Counsel respectfully submits its Comments.

Respectfully submitted,

OFFICE OF THE PUBLIC COUNSEL

/s/ Christina L. Baker

By: _____

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CERTIFICATE OF SERVICE

I hereby certify that copies of the foregoing have been mailed, emailed or hand-delivered to the parties of record this 8th day of November 2012.

/s/ Christina L. Baker

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Application for Lifeline Assistance

Billing Name _____

Service Address _____

City _____ State _____ Zip Code _____

Last Four Digits of Social Security Number _____ Date of Birth _____

Billing Address (if different from Service Address) _____

City _____ State _____ Zip Code _____

Telephone Number () _____ **(NOTE: If you do not currently have local phone service, please contact a local phone provider in your area to establish service.)**

Is the residential address listed on this application ☐ permanent ☐ temporary? (check one)

Lifeline is a federal benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

Only one Lifeline benefit is available per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.

A household is not permitted to receive Lifeline benefits from multiple providers.

Violation of the one-per-household limitation constitutes a violation of the Lifeline rules and will result in the subscriber's de-enrollment from the program.

Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

I hereby certify that I participate in the following public assistance program(s): **(Check all that apply)**

- ☐ Temporary Cash Assistance
- ☐ Supplemental Nutrition Assistance Program (SNAP)/Food Stamps
- ☐ Medicaid
- ☐ Low-Income Home Energy Assistance Program (LIHEAP)
- ☐ Supplemental Security Income (SSI)
- ☐ Federal Public Housing Assistance (Section 8)
- ☐ National School Lunch Program (NSLP) – Free Lunch
- ☐ Bureau of Indian Affairs Programs (Tribal Temporary Assistance for Needy Families, Head Start Subsidy, NSLP) – Tribal Land Residents only

I certify, that:

I will notify my Lifeline provider within 30 days if I no longer participate in a qualifying DCF assistance program, if I receive more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit;

If I move to a new address, I will provide that new address to my Lifeline provider within 30 days;

If I provided a temporary residential address in this application, I will be required to verify my temporary residential address every 90 days with my Lifeline provider;

My household will receive only one Lifeline benefit and, to the best of my knowledge, my household is not already receiving a Lifeline benefit;

The information contained in this application is true and correct to the best of my knowledge;

I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and,

I acknowledge that I may be required by my Lifeline provider to recertify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in disenrollment and the termination of my Lifeline benefits.

I understand that my name, telephone number, and address may be provided to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying that my household does not receive more than one Lifeline benefit.

I agree to allow exchange of any necessary information between the local telephone company, the appropriate federal or state agency, or fund administrator, to verify my eligibility to participate in the Lifeline discount program. I give this permission on the condition that the information in this form and any information about my participation in the above public assistance programs provided by officials be maintained as confidential customer account information.

Customer's signature

Date

Customers of AT&T Florida, CenturyLink, or Verizon who are at or below 150% of the federal poverty income guidelines, but are not currently receiving benefits from one of the listed programs, do qualify for Lifeline service. Those customers may demonstrate their eligibility for Lifeline service to the Florida Office of Public Counsel. Please contact the Florida Office of Public Counsel at **1-800-540-7039**. Customers of other telephone companies who are at or below 150% of the federal poverty income guidelines, but are not currently receiving benefits from one of the listed programs, should contact their telephone company to see if their telephone company is voluntarily enrolling Lifeline applicants through the income eligibility test of 150% or less of the federal poverty income guidelines.

Applicants who presently participate in the Medicaid, Supplemental Nutrition Assistance Program (SNAP)/Food Stamps, or Temporary Cash Assistance (TCA) programs can complete an on-line electronic Lifeline application (available on the PSC Web site).

Please mail or fax this application to the telephone company that provides your service along with acceptable documentation of program participation. Acceptable documentation of program eligibility would include: (1) the current or prior year's statement of benefits from a qualifying state, federal or Tribal program; (2) a notice letter of participation in a qualifying state, federal or Tribal program; (3) program participation documents (e.g., the consumer's Supplemental Nutrition Assistance Program (SNAP) electronic benefit transfer card or Medicaid participation card (or copy thereof); or (4) another official document evidencing the consumer's participation in a qualifying state, federal or Tribal program.

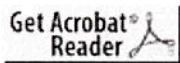
Absolute Home Phones, Inc. P.O. Box 830010 Ocala, Florida 34483-0010 Fax: (877) 430-2907 Phone: (866) 500-9976	Access Wireless 420 Progress Drive, Mattoon, IL 61938-9949 Fax: (973)599-6573 Phone: (800)464-6010	AT&T Florida P. O. Box 9042 South San Francisco, CA 94803 Fax: (888) 726-3223 Phone: (800) 288-2020	Budget Phone, Inc. 1325 Barksdale Blvd., Suite 200 Bossier City, LA 71111 Fax: (888) 263-2849 Phone: (888) 908-9848
CenturyLink CenturyLink Data Services 555 Lake Border Drive Apopka, FL 32703 Fax: (866)810-7530 Phone: (800)257-3212	dPi Teleconnect 2997 LBJ Freeway, Suite 225 Dallas, TX 75234 Fax: (800)610-9557 Phone: (877)564-6374	FairPoint Communications Offline Services Group 30 East Main Street Westfield, NY 14787 Fax: (877) 321-3166 Phone: (800) 400-5568	FLATEL/Florida Telephone Co. 2300 Palm Beach Lakes Blvd., Suite 100 West Palm Beach, FL 33409 Fax: (877) 593-9723 Phone: (888) 777-6561
Frontier Communications Offline-Lifeline PO Box 4500 Hayden ID 83835 Phone: (800)921-8101 Fax: (888)609-9919	Global Connection Inc. of America P.O. Box 48269 Atlanta, GA 30362 Fax: 1-888-878-9323 www.realhomephone.com	ITS Telecommunications Attn: Customer Service P. O. Box 277 Indiantown, FL 34956 Fax: (772) 597-4155 Phone: (772) 597-2111	(Bay County Address) Knology, Inc. 235 W. 15 th Street Panama City, FL 32401 Fax: (850) 215-5800 Phone: (850) 215-2161
(Pinellas County Address) Knology, Inc. 3001 Gandy Boulevard North Pinellas Park, FL 33782 Fax: (727) 576-4800 Phone: (727) 239-0234	NEFCOM P. O. Box 485 Macclenny, FL 32063 Fax: (904) 259-1200 Phone: (904) 259-2261 or (877)838-5695	Nexus Communications TSI P. O. Box 247168 Columbus, Ohio 43224-7168 Fax: (800) 700-5576 Phone: (866) 392-7123	SafeLink Wireless/TracFone Lifeline/Free Cell Phone Dept. P. O. Box 220009 Milwaukie, OR 97269-0009 Fax: (800) 834-7713 Phone: (800) 977-3768
Smart City Telecom Attn: Customer Care P. O. Box 22555 Lake Buena Vista, FL 32830 Fax: (407) 828-6701 Phone: (407) 828-6700	Sun-Tel USA 5921 University Blvd W. Suite 2 Jacksonville, FL 32216 Phone: (877) 978-6835 Fax: (904) 731-1123	TDS Telecom - Lifeline P. O. Box 608 Lancaster, WI 53813 Fax: (877) 271-2861 Phone: (888) 225-5837	Tele Circuit Network Tele Circuit Network Corp. 1815 Satellite Blvd Suite 504 Duluth, GA 30097 Fax: (877) 835-3788 Phone: (877) 835-3247
T-Mobile South Lifeline Support PO Box 37380 Albuquerque, NM 87176-7380 Fax: (813) 348-5724 Phone: (800) 937-8997	Verizon Verizon Lifeline Services P. O. Box 33075 St. Petersburg, FL 33733-8075 Phone: (800)VERIZON Fax: (877)306-1790	Virgin Mobile d/b/a Assurance Wireless P.O. Box 686 Parsippany, NJ 07054 Fax: (877) 732-3018 Phone: (888) 898-4888	Windstream Florida 1720 Galleria Blvd. Charlotte, NC 28270 Fax: (704) 849-7000 Phone: (877) 807-9463

Lifeline Assistance

The Lifeline Assistance Program is designed to ensure that all residents of Florida have access to telephone service and connections in their homes.

- [English Brochure](#) or [Spanish Brochure](#) (HTML version)
- [English Brochure](#) (PDF version / file size = 49KB), [Spanish Brochure](#) (PDF version / file size = 54KB) or [Creole Brochure](#) (PDF version / file size = 70KB)
- [English Poster](#) (PDF version / file size = 59KB) or [Spanish Poster](#) (PDF version / file size = 55KB)
- [Federal Communications Commission \(FCC\) Lifeline Assistance Rule Changes](#) This information sheet contains facts about the FCC's updated rule governing Lifeline Assistance program eligibility and non-duplication to improve program efficiency and to ensure those who need support can receive it. (PDF file size = 29KB)
- [Office of Public Counsel Lifeline Florida](#)
- Lifeline Application Forms
 - [English Lifeline Certification Form](#) (PDF version / file size = 120 KB)
 - [Spanish Lifeline Certification Form](#) (PDF version / file size = 112 KB)
 - [Creole Lifeline Certification Form](#) (PDF version / file size = 121 KB)

Customers of participating telecommunications providers can now apply for Lifeline Florida benefits on-line using the [Public Service Commission Secure On-line Application Form](#) (Version en Español esta disponible; Dokiman sa a an Kreyòl tou).



Some publications and reports are Acrobat PDF files and require Acrobat Reader to view. Any PDF files will be labeled as a PDF. Download a free copy of Acrobat to view these files.

25-4.0665 Lifeline Service.

(1) A subscriber is eligible for Lifeline service if:

(a) The subscriber is a participant in one of the following federal assistance programs:

1. Medicaid;
2. Food Stamps;
3. Supplemental Security Income (SSI);
4. Temporary Assistance for Needy Families/Temporary Cash Assistance;
5. "Section 8" Federal Public Housing Assistance;
6. Low-Income Home Energy Assistance Program; or
7. The National School Lunch Program – Free Lunch; or

(b) The subscriber's eligible telecommunications carrier has more than one million access lines and the subscriber's household income is at or below 150 percent of the federal poverty income guidelines.

(2) A subscriber living on federally recognized Tribal lands who does not satisfy the eligibility requirements for Lifeline service in subsection (1) of this rule is nevertheless eligible for Lifeline service if the subscriber receives benefits from one of the following Bureau of Indian Affairs programs:

- (a) Tribal temporary assistance for needy families (TANF);
- (b) NSL Program – Free Lunch; or
- (c) Head Start.

(3) Eligible telecommunications carriers with less than one million access lines are not required to enroll Lifeline applicants through the income eligibility test of 150 percent or less of the federal poverty income guidelines, but may do so voluntarily.

(4) Eligible telecommunications carriers that charge an initial connection charge must offer Link-Up service to subscribers who are eligible for Lifeline service pursuant to this rule.

(5) When enrolling customers in the Lifeline service program under paragraph (1)(a) of this rule, eligible telecommunications carriers shall accept Form PSC/RAD 157 (6/10), entitled "Application for Link-Up Florida and Lifeline Assistance," which is incorporated into this rule by reference and can be accessed from the Commission's website at www.floridapsc.com, by selecting "Link-Up Florida and Lifeline," then selecting "Need Discounted Phone Service?," and then selecting "English Link-Up and Lifeline Certification Form" (also available in Spanish and Creole).

(6) Eligible telecommunications carriers shall enroll customers for Lifeline service who electronically submit Form PSC/RAD 158 (6/10), entitled "Lifeline and Link-Up Florida On-line Self Certification Form," which is incorporated into this rule by reference and can be accessed from the Commission's website at www.floridapsc.com, by selecting "Link-Up Florida and Lifeline," then selecting "Apply On-line."

(7) For Lifeline applicants who do not use On-line enrollment or simplified certification enrollment, the eligible telecommunications carrier must accept Public Assistance eligibility determination letters, including those provided for food stamps, Medicaid, and public housing lease agreements, as proof of eligibility for Link-Up and Lifeline enrollment.

(8) Eligible telecommunications carriers must allow customers the option to submit Link-Up or Lifeline applications via U.S. Mail or facsimile, and may allow applications to be submitted electronically. Eligible telecommunications carriers must also allow customers the option to submit copies of supporting documents via U.S. Mail or facsimile.

(9) Eligible telecommunications carriers shall only require a customer to provide the last four digits of the customer's social security number for application for Lifeline and Link-Up service and to verify continued eligibility for the programs as part of the annual verification process.

(10) All eligible telecommunications carriers shall participate in the Lifeline service Automatic Enrollment Process. For purposes of this rule, the Lifeline service Automatic Enrollment Process is an electronic interface between the Department of Children and Family Services, the Commission, and the eligible telecommunications carrier that allows low-income individuals to automatically enroll in Lifeline following enrollment in a qualifying public assistance program.

(a) The Commission shall send an e-mail to the eligible telecommunications carrier informing the eligible telecommunications carrier that Lifeline service applications are available for retrieval for processing.

(b) The eligible telecommunications carrier shall enroll the subscriber in the Lifeline service program as soon as practicable, but no later than 60 days from the receipt of the e-mail notification. Upon completion of initial enrollment, the eligible telecommunications carrier shall credit the subscriber's bill for Lifeline service as of the date the eligible telecommunications carrier

received the e-mail notification from the Commission.

(c) The eligible telecommunications carrier shall maintain a current e-mail address with the Commission, which the Commission will use to inform the eligible telecommunications carrier of the Commission's Lifeline secure website address and that new Lifeline service applications are available for retrieval for processing.

(d) The eligible telecommunications carrier shall maintain with the Commission the names, e-mail addresses and telephone numbers of one primary and one secondary company representative who will manage the user accounts on the Commission's Lifeline secure website.

(e) Within 20 calendar days of receiving the Commission's e-mail notification that the Lifeline service application is available for retrieval, the eligible telecommunications carrier shall provide a facsimile response to the Commission via the Commission's dedicated Lifeline service facsimile telephone line at (850)413-7142, or an electronic response via the Commission's Lifeline secure website, identifying the customer name, address, telephone number, and date of the application for:

1. Misdirected Lifeline service applications;
2. Applications for customers currently receiving Lifeline service; and
3. Rejected applicants, which shall include the reason(s) why the applicants were rejected.

In lieu of a facsimile or electronic submission, the eligible telecommunications carrier may file the information with the Office of Commission Clerk.

(f) Pursuant to Section 364.107(1), F.S., information filed by the eligible telecommunications carrier in accordance with paragraph (9)(e) of this rule is confidential and exempt from Section 119.07(1), F.S. However, the eligible telecommunications carrier may disclose such information consistent with the criteria in Section 364.107(3)(a), F.S. For purposes of this rule, the information filed by the eligible telecommunications carrier will be presumed necessary for disclosure to the Commission pursuant to the criteria in Section 364.107(3)(a)4., F.S.

(11) An eligible telecommunications carrier shall not impose additional verification requirements on subscribers beyond those which are required by this rule.

(12) If the Office of Public Counsel certifies a subscriber eligible to receive Lifeline service under the income test set forth in Section 364.10(3)(a), F.S., an eligible telecommunications carrier shall not impose any additional verification requirements on the subscriber.

(13) An eligible telecommunications carrier must provide written notice to a customer within 30 days of receipt of the application providing the reason for a rejected Lifeline application, and providing contact information for the customer to get information regarding the application denial.

(14) An eligible telecommunications carrier must provide 60 days written notice prior to the termination of Lifeline service. The notice of pending termination shall contain the telephone number at which the subscriber can obtain information about the subscriber's Lifeline service from the eligible telecommunications carrier. The notice shall also inform the subscriber of the availability, pursuant to Section 364.105, F.S., of discounted residential basic local telecommunications service.

(15) If a subscriber's Lifeline service is terminated and the subscriber subsequently presents proof of Lifeline eligibility, the eligible telecommunications carrier shall reinstate the subscriber's Lifeline service as soon as practicable, but no later than 60 days following receipt of proof of eligibility. Irrespective of the date on which the eligible telecommunications carrier reinstates the subscriber's Lifeline service, the subscriber's bill shall be credited for Lifeline service as of the date the eligible telecommunications carrier received the proof of continued Lifeline eligibility.

(16) All eligible telecommunications carriers shall provide current Lifeline service company information to the Universal Service Administrative Company at www.lifelinesupport.org so that the information can be posted on the Universal Service Administrative Company's consumer website.

(17) Eligible telecommunications carriers must advertise the availability of Lifeline service to those who may be eligible for the service. At a minimum, if the eligible telecommunications carrier publishes a directory, the eligible telecommunications carrier must include in the index of the directory a notice of the availability of Lifeline service. If the eligible telecommunications carrier generates customer bills, the eligible telecommunications carrier must also place an insert in the subscriber's bill or a message on the subscriber's bill at least once each calendar year advising subscribers of the availability of Lifeline service.

(18) Eligible telecommunications carriers may not charge a service deposit in order to initiate Lifeline service if the subscriber voluntarily elects toll blocking or toll control. If the subscriber elects not to place toll blocking or toll control on the line, an eligible telecommunications carrier may charge a service deposit.

(19) Eligible telecommunications carriers may not charge Lifeline subscribers a monthly number-portability charge.

(20) Eligible telecommunications carriers offering Link-Up and Lifeline service must submit quarterly reports to the Commission no later than 30 days following the ending of each quarter as follows: First Quarter (January 1 through March 31); Second Quarter (April 1 through June 30); Third Quarter (July 1 through September 30); Fourth Quarter (October 1 through December 31). The quarterly reports shall include the following data:

- (a) The number of Lifeline subscribers, excluding resold Lifeline subscribers, for each month during the quarter;
- (b) The number of subscribers who received Link-Up for each month during the quarter;
- (c) The number of new Lifeline subscribers added each month during the quarter;
- (d) The number of transitional Lifeline subscribers who received discounted service for each month during the quarter; and
- (e) The number of residential access lines with Lifeline service that were resold to other carriers each month during the quarter.

Rulemaking Authority 120.80(13)(d), 350.127(2), 364.0252, 364.10(3)(j) FS. Law Implemented 364.0252, 364.10, 364.105, 364.183(1) FS. History—New 1-2-07, Amended 12-6-07, 6-23-10.

Minnesota Telephone Service Discount Application Lifeline and Telephone Assistance Program

2012

The following section must be filled out completely or your application will be returned and benefits will be delayed

Social Security (last 4 digits)

or Tribal Id Number : _____

Your Name: _____

Street: _____

City: _____

State: MN Zip: _____

Birthdate

Month

--	--

Day

--	--

Year

--	--	--	--

Address is: ☐ permanent ☐ temporary
More than one family lives at this address ☐
I certify that I live on Tribal lands ☐

Billing Address (if different than residential): Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

Telephone Company: _____

Number of people living in your household: _____

Telephone number if you currently have service:

Area Code

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Telephone number where you can be reached:

Area Code

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① I receive benefits from the following program(s): Check all that apply and attach proof

- | | |
|---|---|
| <input type="checkbox"/> Medicaid/ Medical Assistance | <input type="checkbox"/> Supplemental Nutrition Assistance Program/ Food Stamps (SNAP) |
| <input type="checkbox"/> Federal Public Housing or Section 8 Assistance | <input type="checkbox"/> Minnesota Family Investment Program (MFIP) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> National School Free Lunch Program | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> Tribally Administered Head Start (for those meeting income qualifying standards) |
| <input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Food Distribution Program on Indian Reservation (FDPIR) |

② I do not receive benefits from the programs above but my income is at or below 135% of the Federal Poverty Guideline (Attached). Please attach one of the documents below if you did not check any boxes above.

- | | |
|--|---|
| <input type="checkbox"/> Last year's State, Federal or Tribal Tax Return | <input type="checkbox"/> Divorce Decree |
| <input type="checkbox"/> Current annual income statement from employer | <input type="checkbox"/> Retirement/Pension Benefits Statement |
| <input type="checkbox"/> 3 consecutive months of most recent paycheck stub | <input type="checkbox"/> Veterans Administration Benefits Statement |
| <input type="checkbox"/> Social Security Benefits Statement | <input type="checkbox"/> Child Support Document |
| | <input type="checkbox"/> Unemployment/ Workmen's Compensation Statement |
| | <input type="checkbox"/> Other |

③ Certification of Eligibility and Information Release

By signing below, I certify under penalty of perjury that I understand and agree to all of the following:

- I participate in a qualifying federal program or meet the income qualification.
- I have provided documentation of eligibility.
- I acknowledge that Lifeline is a federal benefit and that it is non-transferable.
- I acknowledge that a household is eligible to receive only one Lifeline service and to the best of my knowledge, my household is not already receiving a Lifeline service. A household is defined for Lifeline purposes as any group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers and violation would result in de-enrollment and potential prosecution by the United States government.
- The information contained in this certification form is true and correct to the best of my knowledge. I understand that providing false information can be punished by fine or imprisonment or removal from the program.
- I will inform the company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline support. Failure to notify the company may result in penalties.
- If I move to a new address, I will provide that new address to the company within 30 days.
- If I provided a temporary address, I will verify with my telephone provider the temporary residential address every 90 days.
- I may be required to re-certify continued eligibility at any time and failure to do so will result in removal from the program.

I consent to have my name, telephone number, and address provided to the Universal Service Administrative Company (USAC) and/or its agents, and to any state and federal agency, for the purpose of verifying that I qualify for the Lifeline program and that I do not receive more than one Lifeline benefit.

Applicant Signature (required)

Date

I designate below the name and telephone number of an "Authorized Representative" for this application who has submitted this form on my behalf and is willing to assist me in seeking telephone service discounts.

Print "Authorized Representative" Name

Area Code

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Daytime Phone Number

Date

- **Complete Application ➤ Attach Proof of Income or Program Participation**
- **Mail Application and Income Documents to Your Local Telephone Company**

2012 Federal Poverty Guidelines – 135%

Household Size	Yearly Income (at or below)
1	\$15,080
2	\$20,426
3	\$25,772
4	\$31,118
5	\$36,464
6	\$41,810
7	\$47,156
8	\$52,502
For each additional person, add	\$5,346

Source: Federal Register, Vol. 77, No. 13, January 26, 2012, pp. 4034-4035
The Federal Poverty Guidelines are typically updated in the end of January.

7817.0400 ELIGIBILITY FOR TELEPHONE ASSISTANCE CREDITS.

Subpart 1. **Information provided.** Each local service provider shall annually mail a notice of the availability of the telephone assistance plan to each residential subscriber in a regular billing. If a subscriber has chosen to receive the regular billing other than through U.S. mail, the local service provider shall send the notice in a regular billing using the delivery method chosen by the subscriber for delivery of the regular billing. The notice must state the following: YOU MAY BE ELIGIBLE FOR ASSISTANCE IN PAYING YOUR TELEPHONE BILL IF YOU RECEIVE BENEFITS FROM CERTAIN LOW-INCOME ASSISTANCE PROGRAMS OR MEET CERTAIN INCOME LIMITS. FOR MORE INFORMATION OR AN APPLICATION FORM PLEASE CONTACT On request, the local service provider shall mail to a person an application form developed by the commission and the Department of Commerce, and a brochure that describes the telephone assistance plan's eligibility requirements and application process.

Subp. 2. **Application process.** On completing and signing the application certifying under penalty of perjury that the information provided by the applicant is true and that the statutory criteria for eligibility are satisfied, the applicant must return it to the local service provider for enrollment in the telephone assistance plan. An application may be made by the subscriber, the subscriber's spouse, or a person authorized by the subscriber to act on the subscriber's behalf.

Subp. 3. [Repealed, 34 SR 818]

Subp. 4. **Eligibility criteria.** To be eligible for a telephone assistance credit the applicant must:

A. be a subscriber who resides in Minnesota or has moved to Minnesota and intends to remain; and

B. be eligible for the federal Lifeline telephone service discount.

Subp. 5. [Repealed, 34 SR 818]

Subp. 6. [Repealed, 34 SR 818]

Subp. 7. **Applicant and recipient responsibilities.** Each applicant and each recipient shall provide current information to the local service provider about permanent changes that affect the applicant's or recipient's eligibility.

Subp. 8. **Local service provider responsibilities.**

A. A local service provider shall begin providing telephone assistance credits to an applicant in the earliest possible billing cycle but not later than the second billing cycle following the submission of a completed application demonstrating eligibility. If certified, the local service provider shall notify the applicant by, for example, placing telephone assistance credits on the bill.

B. If an applicant is denied eligibility, the local service provider shall notify the applicant in writing of the reasons for the denial, of the right to appeal, and of the right to reapply.

Subp. 9. [Repealed, 34 SR 818]

Statutory Authority: *MS s 237.10; 237.69 to 237.711*

History: *12 SR 1256; 13 SR 2283; L 2003 1Sp14 art 1 s 106; 34 SR 818*

Posted: *December 15, 2009*



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* indicates required fields

Please select or change your preferred language:

English

First Name*

Last Name*

Middle Initial

Mailing Address*

Apt No

City*

State

Zip Code*

TX

Date of Birth (mm/dd/yyyy)*

/ /

Social Security Number (last 4 required)*

- -

Telephone Number

- -

Email Address

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Lifeline Service in Texas

The Lifeline program is a government program designed to help qualified low-income individuals pay the monthly cost of basic telephone service. The program reduces the basic monthly telephone rate by \$7 and waives the federal subscriber line charge for those who qualify. In our version of the program, you will receive:

- 125 Free Minutes on a monthly basis.
- Free service days to keep your service active. (If you have less than 45 service days left we will then grant you, free of charge, 45 service days with your next monthly allotment.)

3 EASY STEPS

1. Find out if you qualify for Lifeline Service

You qualify for Lifeline Service in Texas if...

You already participate in one of the following assistance programs:

- Federal Public Housing Assistance / Section 8
- Health Benefit Coverage under Children's Health Insurance Plan (CHIP)
- Low Income Home Energy Assistance (LIHEAP)
- Medicaid
- Supplemental Nutrition Assistance Program (Food Stamps)
- Supplemental Security Income (SSI)

OR

Your total household income is at or below 150% of the Federal Poverty Guidelines (FPG). The table below provides the maximum income you are eligible for service.

Persons in Household	Annual Income	Monthly Income
1	\$16,755	\$1,396
2	\$22,695	\$1,891
3	\$28,635	\$2,386
4	\$34,575	\$2,881
5	\$40,515	\$3,376
6	\$46,455	\$3,871
7	\$52,395	\$4,366
8	\$58,335	\$4,861
Add for each additional person...	\$5,940	\$495

2. Create your TracFone Account

Before you apply, it is necessary that you have a TracFone Account.

- To create your TracFone Account [click here](#). Please provide ALL the information requested including your TracFone telephone and serial numbers (or IMEI).
- If you are already registered in "My Account", make sure that the TracFone you wish to enroll in the Lifeline program has been added to the account. If it has not been added to your account, you can add it by [signing in](#) and selecting "Add Phone" in the account page.

Once your account has been created and your TracFone has been added to the account, go on to step 3 for instructions on how to activate service.

3. Apply for Lifeline

To apply for Lifeline Services in Texas, fill out and submit the Self-Enrollment Form. There are 3 ways to submit your form:

- Mail it to the address found in the application, or
- Fax it to 1-877-215-8018, or
- Scan it and email it to liteuptexasupport@solixinc.com

Important Information before applying:

- The Self-Enrollment Form requests that you include a copy of your latest telephone and electric bills with your application. **need to provide a copy of your latest telephone bill as your service is a prepaid service.** This will not make your
- The information in your Account must match the information submitted in the self-enrollment form and your TracFone added to your TracFone Account.
- Make sure that the number you add in "Telephone Number" field of the Self-Enrollment Form is your TracFone telephone

To print the Self-Enrollment Form click on the button below and select the link "Self-Enrollment Form".

[Apply](#)


CHAPTER 26. SUBSTANTIVE RULES APPLICABLE TO TELECOMMUNICATIONS SERVICE PROVIDERS.

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- shall reduce its lowest tariffed residential rate for supported services by the amount of the SLC tariffed by the ILEC serving the area of the qualifying low-income customer;
- (ii) Additional federally mandated Lifeline support in the amount of \$1.75 per month;
 - (iii) Additional federally mandated Lifeline support in an amount equal to one-half the amount of any state-mandated Lifeline support or Lifeline support otherwise provided by the carrier, up to a maximum of \$1.75 per month;
 - (iv) Additional federally mandated Lifeline support of up to \$25 per month for Lifeline service provided to an eligible resident of Tribal lands, as defined in 47 C.F.R. §54.400(e);
 - (v) A resale ETP shall receive state-mandated support of up to a maximum of \$3.50 which is eligible for federal matching as described in paragraph (1)(C) of this subsection; and
 - (vi) A Resale ETP operating in the service areas of the THCUSP ILECs shall receive additional state support equal to the discount prescribed by paragraph (1)(F) of this subsection.
- (D) Non-ETP/ETC -- A Non-ETP/ETC is not eligible to receive any state or federally mandated Lifeline support.
- (g) **Obligations of the customer and the Lifeline provider.**
- (l) **Obligations of the customer.**
- (A) Customers who meet the low-income requirement for qualification but do not receive benefits under the programs listed in subsection (d) of this section may provide the LIDA with self-enrollment for Lifeline benefits.
 - (B) Customers receiving benefits under the programs listed in subsection (d) of this section and who have telephone service will be subject to the Lifeline automatic enrollment procedures as provided by the LIDA unless they provide the LIDA with a request to be excluded from Lifeline Service.
 - (C) Customers receiving benefits under the programs listed in subsection (d) of this section and who do not have telephone service must initiate a request for service from a participating telecommunications carrier providing local service in their area.
 - (D) Opportunity for contest.
 - (i) A customer who believes that their self-enrollment application has been erroneously denied may request in writing that LIDA review the application, and the customer may submit additional information as proof of eligibility.
 - (ii) A customer who is dissatisfied with LIDA's action following a request for review under clause (i) of this subparagraph may request in writing that an informal hearing be conducted by the commission staff.
 - (iii) A customer dissatisfied with the determination after an informal hearing under clause (ii) of this subparagraph may file a formal complaint pursuant to §22.242(e) of this title (relating to Complaints).
- (2) **Obligations of Lifeline providers.**
- (A) A Lifeline provider shall only provide Lifeline Service to all eligible customers identified by the LIDA within its service area in accordance with this section.
 - (i) A Lifeline provider shall identify, on the initial database provided by the LIDA, those customers to whom it is providing telephone service and shall begin reduced billing for those qualifying low-income customers.

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 - (ii) The eligible customer shall not be charged for changes in telephone service arrangements that are made in order to qualify for Lifeline Service, or for service order charges associated with transferring the account into Lifeline Service. If the eligible customer changes the telephone service, the Lifeline provider shall begin reduced billing at the time the change of service becomes effective.
 - (iii) Upon receipt of the monthly update provided by the LIDA, a Lifeline provider shall begin reduced billing for those qualifying low-income customers subscribing to services within 30 days.
 - (iv) The LIDA shall provide a self-enrollment form by direct mail at the customer's request. The LIDA shall maintain customers' self-enrollment forms and provide a database of self-enrolling customers to all Lifeline providers.
- (B) **Tariff Requirement.** Each Lifeline provider shall file a tariff to implement Lifeline Service, or revise its existing tariff for compliance with this section and with applicable law, including subsection (f)(1)(C) of this section.
- (C) **Reporting requirements.** Lifeline providers providing Lifeline Service pursuant to this section shall report information as required by the commission or the TUSF administrator, including but not limited to the following information:
 - (i) Initial reporting requirements. Lifeline providers shall provide the commission and the TUSF administrator with information demonstrating that its Lifeline Service plan meets the requirements of this section.
 - (ii) Monthly reporting requirements. Lifeline providers shall report monthly to the TUSF administrator the total number of qualified low-income customers to whom Lifeline Service was provided for the month by the Lifeline providers. Resale ETPs shall not report any customers whose Lifeline Services were purchased from an ILEC as a wholesale Lifeline Service offering. The ILEC from whom these lines were purchased will include those customers in its total number of qualified low-income customers reported to the TUSF administrator. Non-ETP Lifeline providers are excluded from this reporting requirement since they have elected not to receive any type of Lifeline support.
 - (iii) Other reporting requirements. Lifeline providers shall report any other information required by the commission or the TUSF administrator, including any information necessary to assess contributions to and disbursements from the TUSF. Non-ETP Lifeline providers may be required to report certain information to the commission but will not be required to submit information to the TUSF administrator since they have elected not to receive any type of Lifeline support.
 - (iv) ETPs shall file the following information with the administrator of the Federal Lifeline Program. Non-ETP Lifeline providers are exempt from this requirement.
 - (I) information demonstrating that the ETP's Lifeline Service plan meets the criteria set forth in 47 C.F.R. Subpart E (relating to Universal Service Support for Low-Income Consumers);
 - (II) the number of qualifying low-income customers served by the ETP;
 - (III) the amount of state assistance; and
 - (IV) other information required by the administrator of the Federal Lifeline Program.

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- (D) **Notice Requirement.** A Lifeline provider shall provide the following notices of Lifeline Service:
- (i) Notice of Lifeline Service in any directory it distributes to its customers advising customers of the availability of Lifeline Service. In any instance where the Lifeline provider provides bilingual (English and Spanish) information in its directory, the Lifeline provider must also provide its notice regarding Lifeline Service in a bilingual format;
 - (ii) An annual bill message-advising customers of the availability of Lifeline Service. In any instance where the Lifeline provider provides bilingual (English and Spanish) information in its annual bill messages, the Lifeline provider must also provide its notice regarding Lifeline Service in a bilingual format;
 - (iii) Inform all customers both orally and in writing of the existence of the Lifeline Service program when they request or initiate service or change service locations or providers. In any instance where the Lifeline provider provides bilingual (English and Spanish) information in its directory, the Lifeline provider must also provide its notice regarding Lifeline Service in a bilingual format; and
 - (iv) Shall publicize the availability of Lifeline Service in a manner reasonably designed to reach those likely to qualify for the service.
- (E) **Confidentiality agreements.** Each Lifeline provider must execute a confidentiality agreement with the LIDA prior to receiving the LIDA's eligibility database. The agreement will specify that client information is released by the LIDA to the Lifeline provider for the sole purpose of providing Lifeline Service to eligible customers and that the information cannot be released by the Lifeline provider or be used by the Lifeline provider for any other purpose.

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§26.412. Lifeline Service Program.

- (a) **Scope and purpose.** Through this section, the commission seeks to identify and make available Lifeline Service to all qualifying customers and households, establish a procedure for Lifeline Automatic Enrollment and Lifeline Self-Enrollment, and define the responsibilities of all providers of local exchange telephone service that provide Lifeline Service, qualified customers, the Texas Health and Human Services Commission (HHSC), and the Low-Income Discount Administrator (LIDA) Program.
- (b) **Applicability.** This section applies to the following providers of local exchange telephone service collectively referred to in this section as Lifeline providers:
- (1) ETC -- A carrier designated as such by a state commission pursuant to 47 C.F.R. §54.201 and §26.418 of this title (relating to Designation of Common Carriers as Eligible Telecommunications Carriers to Receive Federal Universal Service Funds).
 - (2) ETP -- A provider designated as an ETP as defined by §26.417 of this title (relating to Designation as Eligible Telecommunications Providers to Receive Texas Universal Service Funds (TUSF)).
 - (3) Resale ETP -- A certificated provider that provides local exchange telephone service solely through the resale of an incumbent local exchange carrier's service and that has been designated as an ETP as defined by §26.419 of this title (relating to Telecommunication Resale Providers Designation as Eligible Telecommunications Providers to Receive Texas Universal Service Funds (TUSF) for Lifeline Service).
 - (4) Non-ETP/ETC Certificated Provider -- Any certificated provider of local exchange telephone service that chooses not to become an ETP or an ETC as defined by §§26.417, 26.418, or 26.419 of this title.
- (c) **Definitions.**
- (1) Qualifying low-income customer -- A customer who meets the qualifications for Lifeline Service, as specified in subsection (d) of this section.
 - (2) Toll blocking -- A service provided by Lifeline providers that let customers elect not to allow the completion of outgoing toll calls from their telephone.
 - (3) Toll control -- A service provided by Lifeline providers that allow customers to specify a certain amount of toll usage that may be incurred on their telephone account per month or per billing cycle.
 - (4) Toll limitation -- Denotes either toll blocking or toll control for Lifeline providers that are incapable of providing both services. For Lifeline providers that are capable of providing both services, "toll limitation" denotes both toll blocking as defined in paragraph (2) of this subsection and toll control as defined in paragraph (3) of this subsection.
 - (5) Eligible resident of Tribal lands -- A "qualifying low-income customer," as defined in paragraph (1) of this subsection, living on or near a reservation. Pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688), a "reservation" is defined as any federally recognized Indian tribe's reservation, pueblo, or colony.
 - (6) Income -- As defined in 47 C.F.R. §54.400(f) includes all income actually received by all members of the household. This includes salary before deductions for taxes, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, lottery winnings, and the like. The only exceptions are student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn mowing, and the like.

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- (d) **Customer Eligibility Requirements.** A customer is eligible for Lifeline Service if they meet one of the criteria of paragraph (1), (2), or (3) of this subsection as determined by the LIDA. Nothing in this section shall prohibit a customer otherwise eligible to receive Lifeline Service from obtaining and using telecommunications equipment or services designed to aid such customer in utilizing qualifying telecommunications services.
- (1) The customer's household income is at or below 150% of the federal poverty guidelines as published by the United States Department of Health and Human Services and updated annually;
 - (2) A customer who receives benefits from or has a child that resides in the customer's household who receives benefits from any of the following programs qualifies for Lifeline Services: Medicaid, Food Stamps, Supplemental Security Income (SSI), Federal Public Housing Assistance, Low Income Home Energy Assistance Program (LIHEAP), or health benefits coverage under the State Child Health Plan (CHIP) under Chapter 62, Health and Safety Code; or
 - (3) A customer is an eligible resident of tribal lands as defined in subsection (c)(5) of this section.
- (e) **Lifeline Service Program.** Each Lifeline provider shall provide Lifeline Service as provided by this section. Lifeline Service is a retail local exchange telephone service offering available to qualifying low-income customers. Lifeline Service shall be provided according to the following requirements:
- (1) Designated Lifeline services. Lifeline providers shall offer the services or functionalities enumerated in 47 C.F.R. §54.101(a)(1)-(9) (relating to Supported Services for Rural, Insular and High Cost Areas).
 - (2) Toll limitation. Lifeline providers shall offer toll limitation to all qualifying low-income customers at the time the customer subscribes to Lifeline Service. If the customer elects to receive toll limitation that service shall become part of the customer's Lifeline Service and the customer's monthly bill will not be increased by otherwise applicable toll limitation charges.
 - (3) Disconnection of service.
 - (A) Disconnection prohibition. Lifeline providers may not disconnect Lifeline Service for non-payment of toll charges.
 - (B) Discontinuance of Lifeline Discounts for customers automatically enrolled. The eligibility period for automatically enrolled customers is the length of their enrollment in HHSC benefits plus a period of 60 days for renewal. Automatically enrolled customers will have an opportunity to renew their HHSC benefits or self enroll with LIDA upon the expiration of their automatic enrollment.
 - (C) Discontinuance of Lifeline discounts for customers who have self-enrolled. Individuals not receiving benefits through HHSC programs, but who have met Lifeline income qualifications in subsection (d) of this section, are eligible to receive the Lifeline discount for seven months, which includes a period of 60 days during which the customer may renew their eligibility with LIDA for an additional seven months.
 - (4) Number Portability. Consistent with 47 C.F.R. §52.33(a)(1)(C), Lifeline providers may not charge Lifeline customers a monthly number-portability charge.
 - (5) Service deposit prohibition. If the qualifying low-income customer voluntarily elects toll limitation from the Lifeline provider, the Lifeline provider may not collect a service deposit pursuant to §26.24 of this title (relating to Credit Requirements and Deposits) in order to initiate Lifeline Service.
 - (6) Ancillary services. A Lifeline provider shall provide customers who apply for or receive Lifeline Service access to available vertical services or custom calling features, including caller ID, call waiting, and call blocking, at the same price as other consumers. Lifeline discounts shall only apply to that portion of the bill that is for basic network services.

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- (7) Bundled packages. A Lifeline provider shall provide customers who apply to receive Lifeline Service access to bundled packages at the same price as other consumers less the Lifeline discount that shall only apply to that portion of the bundled package bill that is for basic network service.
- (f) **Lifeline support and recovery of support amounts.**
- (1) **Lifeline discount amounts.** All Lifeline providers shall provide the following Lifeline discounts to all eligible Lifeline customers:
- (A) Waiver of the monthly subscriber line charge (SLC) -- Lifeline providers shall grant a waiver of the monthly SLC at the rate tariffed by the incumbent local exchange carrier serving the area of the qualifying low-income customer. If the ETP does not charge the SLC, it shall reduce its lowest tariffed residential rate for supported services by the amount of the SLC tariffed by the Incumbent Local Exchange Carrier (ILEC) serving the area of the qualifying low-income customer.
 - (B) Federally approved \$1.75 reduction -- A Lifeline provider shall give a qualifying low-income customer a federally approved reduction of \$1.75 in the monthly amount of intrastate charges paid pursuant to 47 C.F.R. §54.403 (relating to Lifeline Support Amount).
 - (C) Additional state reduction with federal matching -- A Lifeline provider shall give a qualifying low-income customer an additional state-approved reduction of up to a maximum of \$3.50 in the monthly amount of intrastate charges.
 - (D) Federal match of state reduction -- A Lifeline provider shall provide a further federally approved reduction equal to one-half the amount of the state-mandated reduction in subparagraph (C) of this paragraph up to a maximum of \$1.75.
 - (E) Additional federal Lifeline support of up to \$25 per month for Lifeline service provided to an eligible resident of Tribal lands, as defined in 47 C.F.R. §54.400(e).
 - (F) Additional Texas High Cost Universal Service Plan (THCUSP) ILEC Area Discount --
 - (i) Beginning January 1, 2009, Lifeline providers operating in the service areas of Southwestern Bell Telephone Company d/b/a AT&T Texas, GTE Southwest Incorporated d/b/a Verizon Southwest, Central Telephone Company d/b/a Embarq, United Telephone Company d/b/a Embarq, and Windstream Communications Southwest, or their successors, (collectively, THCUSP ILECs) shall provide a reduction (THCUSP ILEC Area Discount) equal to 25% of any actual increase by a THCUSP ILEC to its residential basic network service rate that occurs in a THCUSP ILEC's Public Utility Regulatory Act (PURA) Chapter 58 regulated exchanges and is consistent with the Unanimous Settlement Agreement filed on April 8, 2008, and adopted by the commission in its Order filed on April 25, 2008, in Docket Number 34723, *Petition for Review of Monthly Line Support Amounts from the Texas High Cost Universal Service Plan, Pursuant to PURA §56.031 and P.U.C. SUBST. R. §26.403* (Rate Increase) and with new §26.403 of this title adopted by the commission in Project Number 39937, *Rulemaking to Consider Amending Substantive Rule §26.403, Relating to the Texas High Cost Universal Service Plan and Substantive Rule §26.412, Relating to the Lifeline Service Program*.
 - (ii) A THCUSP ILEC Area Discount shall be calculated by a THCUSP ILEC on the basis of the weighted average of the Rate Increase(s). The calculation of the weighted average of the Rate Increase(s) shall use a denominator that is the sum of all PURA Chapter 58 regulated residential

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lines with Rate Increases, and shall use a numerator that is the sum of each product that results from multiplying the number of PURA Chapter 58 regulated residential lines affected by each discrete Rate Increase times the corresponding Rate Increase. The weighted average of the Rate Increase(s) calculation shall be included in the tariff filing made to implement the THCUSP ILEC AREA Discount.

- (iii) A THCUSP ILEC Area Discount shall be provided to all qualifying Lifeline customers who are located in the service area of the THCUSP ILEC that has implemented the corresponding Rate Increase.
 - (iv) A THCUSP ILEC shall file with the commission tariffs implementing a THCUSP ILEC Area Discount at the time it files for a Rate Increase.
 - (v) A competitive local exchange carrier (CLEC) Lifeline provider operating in the service area of a THCUSP ILEC shall file with the commission tariffs or price lists implementing the appropriate THCUSP ILEC Area Discount.
 - (vi) The effective date of a THCUSP ILEC Area Discount shall have the same effective date as the corresponding Rate Increase.
- (2) **Lifeline support amounts.** The following Lifeline providers shall receive support amounts for the Lifeline discounts outlined in paragraph (1) of this subsection:
- (A) ETC -- Pursuant to 47 C.F.R. §54.403(a), the federal Lifeline support an ETC shall receive is:
 - (i) The tariffed rate in effect for the primary residential SLC of the incumbent local exchange carrier serving the area in which the qualifying low-income consumer receives service.
 - (ii) Additional federal Lifeline support in the amount of \$1.75 per month.
 - (iii) Additional federal Lifeline support in an amount equal to one-half the amount of any state-mandated Lifeline support or Lifeline support otherwise provided by the carrier, up to a maximum of \$1.75 per month.
 - (iv) Additional federal Lifeline support of up to \$25 per month for Lifeline service provided to an eligible resident of Tribal lands, as defined in 47 C.F.R. §54.400(e).
 - (B) ETP --
 - (i) An ETP shall receive state support of up to a maximum of \$3.50 which is eligible for federal matching as described in paragraph (1)(C) of this subsection.
 - (ii) An ETP operating in the service areas of the THCUSP ILECs shall receive additional state support equal to the discount prescribed by paragraph (1)(F) of this subsection.
 - (iii) If an ETP has been designated as an ETC, then the certificated provider shall also receive support amounts prescribed by subparagraph (A) of this paragraph.
 - (C) Resale ETP -- A resale ETP shall receive Lifeline Service support equal to the following state and federal amounts as long as the Lifeline Service was not purchased as a wholesale offering from the ILEC. Any Lifeline Service purchased as a wholesale offering from the ILEC includes the Lifeline Discount and is therefore not eligible to receive an additional discount. The Texas Universal Service Fund (TUSF), regardless of whether the Lifeline Service Discount is state or federally mandated, will provide all Lifeline Service support.
 - (i) The tariffed rate in effect for the primary residential SLC of the incumbent local exchange carrier serving the area in which the qualifying low-income consumer receives service. If the Resale ETP does not charge the SLC, it



State of Utah
Department of Workforce Services
LIFELINE ASSISTANCE PROGRAM APPLICATION

Select your carrier from the following lists.

Wire Line (Land Line Providers):

- ☐ All West Communications
☐ Bear Lake Communications
☐ Beehive Telephone
☐ Carbon Emery Telecom
☐ Central Utah Telephone
☐ Citizens (Frontier) Telecom Co.

- ☐ CenturyLink Qwest Corp
☐ Direct Communications
☐ Emery Telephone
☐ Gunnison Telephone
☐ Hanksville Telcom Inc.
☐ Manti Telephone Company

- ☐ Navajo Comm Co
☐ Skyline Telecom
☐ South-Central UT Telephone
☐ UBTA-UBET (Strata) Comm
☐ Union Telephone

Wireless Carriers:

- ☐ I-Wireless LLC ☐ Smith Bagley ☐ Sprint Spectrum ☐ Virgin Mobile USA ☐ Tracfone Wireless

Phone Number (including area code): _____
Please Check One: _____ ☐ Wire Line (Land Line) ☐ Cell Phone ☐ Business

Please respond completely. Inaccurate or incomplete responses may cause your application to be rejected. The information on this application will only be used to assess your eligibility for Lifeline Assistance. Instruction can be found on the reverse side of this application.

Last Name: _____ First Name: _____ Middle Name: _____ ☐ Jr. ☐ Sr.

Social Security Number or Tribal Identification Number: _____ Date of Birth: _____

Residential street address where service is located, County, City, State, & ZIP: _____

(No PO Boxes) _____

Please check one box: ☐ Permanent address ☐ Temporary address

Billing Address (If different from service address): _____

County, City, State, & ZIP (PO Boxes allowed): _____

Please check one box: ☐ Permanent address ☐ Temporary address

PROGRAM ELIGIBILITY: PLEASE CHECK programs in which you or someone in your household currently participate and attach a copy of eligibility documentation: (If qualifying under Income, see Income Guidelines section below)

- ☐ Home Energy Assistance (HEAT/HELP) ☐ Medicaid
☐ Supplemental Security Income (SSI) ☐ National Free School Lunch Program (not reduced)
☐ TANF (Temporary Assistance to Needy Families) ☐ General Assistance
☐ Federal Public Housing Assistance including Section 8 ☐ SNAP (Food Stamps)
☐ Refugee Assistance ☐ Head Start (income qualification standard only)

If the person participating in one of the programs above is someone in your household other than you, provide his/her name and certify that he/she is a member of your household:

Full legal name of Program Participant (please print) _____ Date of Birth _____ Social Security Number _____

____ (Please Initial) I certify that this program participant is a member of my household.

INCOME GUIDELINES: If you or a household member does not participate in any of the programs above, you may still be eligible for Lifeline Assistance based on your household size and income. See income chart, and complete the section below. Income is defined as all income actually received by all members of the household.

Mandatory: How many persons live in your household? _____ (see checklist on page 3 for appropriate documentation). Check box for the sources of income for each household member and enter the monthly or yearly income.

Name of person receiving income	Wages (before taxes)	Social Security benefits	Self-Employment (net)	Unemployment / Worker's Comp.	Veteran's Benefits/ Pension	Child Support/ Alimony	Other (please explain)	Monthly or Yearly Income
								\$
TOTAL INCOME								\$

INCOME CHART:

*Add \$446 a month for each additional member.

Household Size	Monthly Income	Household Size	Monthly Income
1	\$1,257	3	\$2,148
2	\$1,702	4	\$2,593

After completing this form, please mail this completed application and any supporting documents (original documents are not returned) to:

Department of Workforce Services
Utah Telephone Assistance Program (UTAP) • 140 East 300 South, 5th Floor • Salt Lake City, UT 84111
801-526-9272, Toll Free, 1-800-948-7540, Fax: 801-526-9292

LIFELINE CERTIFICATION FORM

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION ABOUT THE LIFELINE PROGRAM BEFORE YOU SIGN BELOW:

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline benefit is available per household. A household is defined for the purposes of the Lifeline program as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline assistance from multiple telephone service providers. This includes both wireless and wireline (landline) providers.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in the subscriber's de-enrollment from the program and potential prosecution by the US government or state government.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

I certify, under penalty of perjury that: (please read and initial the following):

- _____ My household meets the income-based or program-based eligibility criteria for receiving Lifeline assistance according to the Public Service Commission of Utah rule 746-341 and as provided by the FCC order 54.409.
- _____ I must notify Utah Telephone Assistance Program (UTAP) and my telecommunication carrier within 30 days if for any reason my household no longer satisfies the criteria for receiving Lifeline benefit. This includes: a) my household no longer meets the income-based or program-based criteria for receiving Lifeline benefit; b) I am receiving more than one Lifeline benefit; or, c) another member of my household is receiving a Lifeline benefit.
- _____ I understand that I am seeking to qualify for the Lifeline benefit as a eligible resident of Tribal lands and that my household lives on Tribal lands as defined by federal code 54.400I.
- _____ I understand that if I move to a new address that I must notify UTAP and my telecommunication provider within 30 days and provide mine new address.
- _____ I understand that if I provided a temporary residential address that I will be required to verify my temporary residence address every 90 days with the UTAP office.
- _____ I understand that my household will only receive one lifeline benefit and to the best of my knowledge, my household is not already receiving a Lifeline benefit.
- _____ I understand and acknowledge that providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- _____ I understand and acknowledge that I will be required to re-certify my household's eligibility for Lifeline benefits at any time, and failure to do so will result in de-enrollment and the termination of my household's Lifeline benefit pursuant to federal code 54.405I(4).
- _____ I understand that if my application is denied, I have the right to a fair hearing, and that I will send a written notification of request for a fair hearing within 10 days after receiving the denial notification. Fair hearing requests are to be mailed to Division of Public Utilities, 160 East 300 South, 4th Floor, Salt Lake City, UT 84111.
- _____ I understand and consent to the Department of Workforce Service (UTAP) and/or my telecommunication carrier to providing my information, including but not limited to, my name, residential address, phone number, date of birth, social security number, the date on which my Lifeline benefit was initiated/terminated, the amount of Lifeline benefit provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database, and any state agency for official business to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, my Lifeline benefit will be discontinued.
- _____ I understand that if I live in a multiple household (a household is defined as a group of individuals who live together, at the same address, and share income and expenses) that I will also complete and sign the multiple household certification worksheet on page three.
- _____ I understand that my Lifeline benefit is non-transferrable. I may not transfer my benefit to any individual, including another eligible low-income consumer.
- _____ I understand that I am responsible to repay the difference between the discounted and regular price if I am not eligible for the Lifeline benefit.
- _____ I certify that the information contained in this certification form is true and correct to the best of my knowledge.

Lifeline Assistance Applicant Signature
(Must be the same name as on page one)

Date

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MULTIPLE HOUSEHOLD CERTIFICATION WORK SHEET: If there are multiple unique households (as defined in question 1 below) at your address, please also complete and submit the Household Worksheet below. This will assist us in being able to respond promptly to your request for Lifeline benefits.

- Question 1.** At some addresses, there are multiple unique households. A household is defined as a group of individuals who live together, at the same address, and share income and expenses. For example, apartments in an apartment building are usually unique households. Individuals living in a nursing home can be considered unique households. Are there adults living at your address who are not part of your household? ☐ YES ☐ NO
- If you checked YES, please read and initial line A in the certification box below. Then, continue to question #2.
 - If you checked NO, please continue to question #2.

- Question 2.** In addition to yourself, are there individuals living at your address who are part of your household? This could include your spouse, domestic partner, an adult relative, dependent children, or a roommate. ☐ YES ☐ NO
- If you checked YES, please continue to question #3.
 - If you checked NO, you do not need to answer remaining questions. Please read and initial line B in the certification box below, and sign /date the worksheet.

Question 3. Provide a list of all individuals in your house:

Full Name	Social Security Number	Date of Birth	Relationship

- Question 4.** Do any members of your household, including you, currently receive Lifeline discounts on a wireline or wireless phone? ☐ YES ☐ NO
- If you checked YES, your household is not eligible for another Lifeline discount. Please do not submit this application. If the other Lifeline discount(s) are discontinued, you may submit an application at that time.
 - If you checked NO, please initial line B below, and sign and date the worksheet and mail it back.

CERTIFICATION

Please initial the certifications below based on your answers to the three questions above, sign and date this worksheet.

- A. ____ I certify that I live at an address occupied by multiple households.
- B. ____ I understand that violation of the one-per-household requirement is against the Fed. Communication Commission's rules and may result in loss of benefits and potentially prosecution by the U.S. government.

Lifeline Assistance Applicant Signature _____

Date _____

APPLICATION CHECKLIST – Please provide the following:

- ☐ Signed and completed Lifeline application form.
- ☐ If applying based on program eligibility, a copy of a program identification card or other social service agency documentation showing current participation. Documentation for at least one program is necessary as proof of eligibility.
- ☐ If applying based on the size and income level of customer's household, provide a copy of one of the following:
 - ☐ Prior year's federal, state, or tribal income tax return
 - ☐ Current income statement from employer
 - ☐ Paycheck stubs for any three consecutive months within the prior twelve months
 - ☐ Social security statement of benefits
 - ☐ Veteran's Administration statement of benefits
 - ☐ Retirement or pension statement of benefits
 - ☐ Unemployment or Worker's Compensation statement of benefits
- ☐ Letter of Participation in General Assistance. Federal or tribal notice of participation for general assistance.
- ☐ Divorce decree or child support documentation containing income information

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

SECTION II: APPLICATION PROCESS

Applicants have four ways in which to apply:

1. They can call the State of Utah, UTAP Program at 1-800-948-7540 and request an application and one will be mailed.

Once the completed application is returned to the State Office, it will be screened for eligibility. If the applicant is eligible, they will be added to a list that will be generated bi-weekly and e-mailed or faxed to the local telephone company which will then add the customer to the UTAP customer list. The discount will begin applying from the date the application was approved. The applicant will receive notification and information regarding when and how the discount will be applied. Applicants not eligible will receive a denial letter stating the reason for denial and information regarding their right to appeal.

2. Apply for UTAP at the same time as applying for the HEAT program.

In this process, if the client selects “yes” on the UTAP portion of the HEAT application (and the client’s telephone service is currently with an eligible ETC) and the client is eligible for HEAT assistance, their telephone number will be automatically entered in the USSDS system and mailed to their ETC to add them to the UTAP customer list and begin receiving the discount.

3. Call their participating telephone service provider and request an application and one will be mailed.

In this process, the State Office will provide the local telephone providers with UTAP applications that the company can mail directly to the client. When the client completes the application, the process in step 1 above will apply.

4. Clients can go online at <http://housing.utah.gov/seal> (all lower case) and print an application.

After completing and signing the application, follow the actions in Step 1.

Steps for Applying for LINK-UP

When applying for HEAT and the client says he wants to apply for UTAP but he doesn’t have a telephone, provide the client with the regular UTAP application and a UTAP brochure. Inform him that if he is qualified for HEAT, he will also be qualified for UTAP. However, he must first request the telephone service and provide DCC, SEAL Program with his new telephone number. DCC, SEAL Program will then request from the telephone carrier the regular monthly discount and the LINK-UP discount (of half up to \$25.00) to help cover the installation fees be applied to his new number.

If the client does not qualify for HEAT, he may still qualify for UTAP because the income guidelines are slightly higher (See chart below). Provide the client with an application and brochure, and tell him to follow the instructions on where to mail the completed and signed application along with all supporting documentation. See Appendix II: UTAP/LINK-UP Application Process Flow Chart.

SECTION III: ELIGIBILITY & INCOME STANDARDS

Instructions for Lifeline Telephone Service Credit

What is the Lifeline Telephone Credit?

The Lifeline program provides a credit of at least \$9.25 on the monthly telephone bills of income-eligible Vermont residents.

Who is eligible for the Lifeline Telephone Credit?

Two groups of Vermont residents with telephone service are eligible for the credit. You are eligible if you reside in Vermont, have phone service, and

- You will be 65 or older by June 15, 2012 and your household income is less than \$25,743;

OR

- You are under 65 and your household income is less than \$22,065

What income must be included?

You must include your Adjusted Gross Income (Federal Form 1040, Line 37; or 1040A, Line 21; or 1040EZ Line 4). This is done before deduction of any loss from a trade or business, partnership, small business corporation, rental property or capital loss. This is added to all other taxable and nontaxable income such as alimony, support money, cash public assistance and relief, cost of living allowance, serviceman's dependent allowances, gross amount of pensions and annuities, railroad retirement benefits, Social Security payment, veteran's benefit act payments, nontaxable interest received from Federal or State instrumentality, unemployment and worker's compensation, inheritances, cash gifts, lottery winnings, gross amount of "lost time" insurance and total capital gains. It does not include student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn mowing. or payments made by the State for foster care or care of a developmentally disabled person.

Who is part of a household?

A household is any adult or group of adults, 18 years or older, who are living together at the same address who share in the income and expenses of the household. A household may include related and unrelated persons.

When and how do you apply?

All eligible telephone subscribers should mail the completed application on or before June 15, 2012 to:

Vermont Department of Taxes
133 State Street
Montpelier, VT 05633-1401

Electronic submissions are not accepted.

The application may be submitted with your Vermont tax forms. If you are not required to file, you may send just this application to the VT Department of Taxes.

The Vermont Department For Children and Families processes your application. Your telephone company will receive notice of your eligibility and apply the credit to the telephone account of the name and telephone number you write on this application. It is very important the information on the application matches the information with your telephone company. Before mailing your application, check your telephone bill for the spelling of your name and your telephone number. If it is convenient, attach a copy of your telephone bill to this application.

When will the Lifeline Credit begin?

If this is the first time you applied for the Lifeline credit, it may take up to three (3) months for the credit to appear on your telephone bill.

Do all telephone companies participate in Lifeline?

No. Only the companies listed below must offer the Lifeline discount. Other companies may offer a Lifeline discount, but are not required to do so and do not get reimbursed for their Lifeline costs. Cell phone companies currently do not offer the Lifeline credit.

Participating Telephone Companies

FairPoint Telecom, FairPoint Northern New England, Franklin Telephone, Ludlow TDS, Northfield TDS, Perkinsville TDS, Shoreham Telephone, Sovernet Communications, Topsham Telephone, Vermont Telephone, and Waitsfield-Champlain Valley Telecom

How can I get answers to my questions about Lifeline?

For help completing this application:

- Seniors call the Senior HelpLine at 1-800-642-5119 to reach your local area agency on aging;
- Under 65 call the DCF's Economic Services Division at 1-800-479-6151.

Persons who receive Reach Up, Food Stamps, Supplemental Nutrition Assistance Program, Medicaid, Supplemental Security Income, Federal Public Housing Assistance (Section 8), National School Lunch Program's free lunch program, Temporary Assistance for Needy Families, or Fuel Assistance benefits may be eligible to apply year-round for Lifeline through the DCF's Economic Services Division. For questions about the credit call the DCF's Economic Services Division Benefits Service Center at 1-800-479-6151.

BOTH SIDES OF THE APPLICATION MUST BE COMPLETED. FAILURE TO COMPLETE APPLICATION IN ITS ENTIRETY MAY RESULT IN DENIAL OR DELAY OF BENEFIT.

YOU MUST REAPPLY FOR LIFELINE EACH YEAR

2011 Revised Application for Lifeline Telephone Service Credit



You may be eligible for a credit of at least \$9.25 toward the payment of your monthly Vermont basic telephone charge. To apply, return this form by June 15, 2012.

You must reapply for the credit each year.

If you will be 65 or OLDER by June 15, 2012, complete this checklist to see if you are eligible

Are you a Vermont resident?

Will you be at least 65 by June 15, 2012?

Was your 2011 household income (for definition of "income" and "household", see reverse side) less than \$25,743 (from Income section below, Line p)?

If you answer "Yes" to all questions, you are eligible

OR

If you will be UNDER 65 on June 15, 2012, complete this checklist to see if you are eligible

Are you a Vermont resident?

Will you be younger than 65 on June 15, 2012?

Was your 2011 household income (for definition of "income" and "household", see reverse side) less than \$22,065 (from Income section below, Line p)?

If you answer "Yes" to all questions, you are eligible

The following section must be filled out completely or your application will be returned and benefits will be delayed

Your Name _____ Spouse or CU Partner Name _____

Name on Phone Bill _____ Name of your telephone company _____

Street Address _____ Billing Address _____

Address permanent or temporary _____ Telephone Number _____

City _____ State _____ Zip Code _____ Number of people in household _____

Social Security Number, Applicant _____ Spouse or CU Partner _____

Date of Birth, Applicant (MM/DD/YYYY) _____ Spouse or CU Partner _____

INCOME (Total household income)

- a. Cash public assistance/welfare a. _____
- b. Social Security/railroad retirement/veterans' benefits, **taxable and nontaxable** b. _____
- c. Unemployment compensation/worker's compensation c. _____
- d. Wages, salaries, tips, etc. d. _____
- e. Interest and dividends e. _____
- f. Interest on U.S., state and municipal obligations, **taxable and nontaxable** f. _____
- g. Alimony, support money/child support g. _____
- h. Business Income: **If you have a loss, enter -0-** h. _____
- i. Capital gains, taxable and nontaxable i. _____
- j. Pensions and annuities, **taxable and nontaxable** j. _____
- k. Rental income: **If you have a loss, enter -0-** k. _____
- l. Farm/partnership/Subchapter S income: **If you have a loss, enter -0-** l. _____
- m. Other income. Please specify m. _____
- n. SUBTOTAL: Add Lines a through m n. _____
- o. LESS adjustments to income from Federal Form 1040, Line 36 or 1040A, Line 20 o. _____
- p. **TOTAL INCOME:** Subtract Line o from Line n and enter the result here p. _____

I declare under penalty of perjury this application is true, correct, and complete to the best of my knowledge and acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law. If prepared by a person other than the applicant, this declaration further provides that under 32 V.S.A. §5901 this information has not been and will not be used for any other purpose, or made available to any other person other than for the preparation of this application unless a separate valid consent form is signed by the applicant and retained by the preparer. I authorize the VT Department of Taxes to disclose this information and other information necessary to process the Lifeline Credit to the Secretary of Human Services.

Subscriber's signature _____

Date _____

Signature of preparer if other than taxpayer _____

Date _____

Spouse or Civil Union Partner signature (if filing jointly) _____ Date _____

Address of preparer _____

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1. I understand that Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, prosecution by the United States government, imprisonment, de-enrollment or being barred from the program.
2. I understand only one Lifeline benefit is available per household and to the best of my knowledge, no one in my household is currently receiving a Lifeline benefit.
3. I understand a household is not permitted to receive Lifeline benefits from multiple providers.
4. I understand that a violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (FCC) rules and will result in the my de-enrollment from the program
5. I understand that Lifeline is a non-transferable benefit and that I may not transfer my benefit to any other person.
6. I will notify DCF and my telephone company within 30 days if for any reason I am no longer eligible to receive Lifeline, including if another member of my household receives Lifeline benefit or if I am receiving more than one Lifeline benefit.
7. I will notify DCF and my telephone company within 30 days of any change to my address or residence or change in my income.
8. If a temporary address has been provided on this application, I understand I am required to verify my temporary residential address every 90 days. I further understand that should I not respond to efforts by DCF or my telephone company to verify my temporary address within 30 days, I may be de-enrolled from the Lifeline program.
9. I understand I will be required to file a Lifeline application annually, or at any time upon request, and failure to do so will result in termination of my Lifeline benefit.
10. I understand that Lifeline is a non-transferrable benefit and I may not transfer my benefit to any other individual, including another income eligible person.

I do _____ do not _____ live at an address occupied by multiple households

I do _____ do not _____ share an address with other adults who do not contribute income to my household and/or share in the household's expenses.

I certify that to the best of my knowledge, no one in my household is receiving a Lifeline-supported service from any other provider.

Subscriber's signature

Date

The Vermont Statutes Online

Title 30: Public Service

Chapter 5: POWERS AND DUTIES OF DEPARTMENT OF PUBLIC SERVICE AND PUBLIC SERVICE BOARD AS TO COMPANIES OTHER THAN RAILROADS AND AIRCRAFT

30 V.S.A. § 218. Jurisdiction over charges and rates

§ 218. Jurisdiction over charges and rates

(a) When, after opportunity for hearing, the rates, tolls, charges, or schedules are found unjust, unreasonable, insufficient, or unjustly discriminatory, or are found to be preferential or otherwise in violation of a provision of this chapter, the board may order and substitute therefor such rates, tolls, charges, or schedules, and make such changes in any regulations, measurements, practices, or acts of such company relating to its service, and may make such order as will compel the furnishing of such adequate service as shall at such hearing be found by it to be just and reasonable. This section shall not be construed to require the same rates, tolls or charges from any company subject to supervision under this chapter for like service in different parts of the state, but the board in determining these questions shall investigate local conditions and its final findings and judgment shall take cognizance thereof. This section does not prohibit a telecommunications company from fil

ing tariffs that condition the availability of an intrastate service upon subscription to an interstate or unregulated service from the same or an affiliated company; provided that an incumbent local exchange carrier shall provide a plan to allocate reasonably revenue between the regulated intrastate service and other services. The board shall retain the authority to review the tariff filing to determine whether it is just and reasonable.

(b) The department of public service shall propose, and the board through the establishment of rates of return, rates, tolls, charges, or schedules shall encourage the implementation by electric and gas utilities of energy-efficiency and load management measures which will be cost-effective for the utilities and their customers on a life cycle cost basis. The board shall approve rate designs to encourage the efficient use of natural gas and electricity, including consideration of the creation of an inclining block rate structure for residential rate customers with an initial block of low-cost power available to all residences.

(1) To implement the requirements of this subsection, the public service board shall continue its investigation of the following:

- (A) the parameters for residential inclining block rate designs;
- (B) alternative rate designs, such as critical peak pricing programs or more widespread use of time-of-day rates, that would encourage more efficient use of electricity;

(C) the possible inclusion of exemptions from otherwise applicable inclining block rates or rate designs to encourage efficiency for situations in which special health needs or another extraordinary situation presents such a significant demand for electricity that the board determines use of those rates would cause undue financial hardship for the customer.

(2) By December 31, 2008, the board shall issue a report and plan for implementation based upon the results of its investigation. The plan shall require each retail company to upgrade its rates as necessary to implement new rate designs appropriate to encourage efficient energy use, which shall include residential inclining block rates, if the board determines that those rates would be appropriate, by a specified date, or as part of its next rate-related appearance before the board, or according to a timetable otherwise specified by the board. In implementing these rate designs, the board shall consider the appropriateness of phasing in the rate design changes to allow large users of energy a reasonable opportunity to employ methods of conservation and energy efficiency in advance of the full effect of the changes.

(3) Smart grid. Notwithstanding any provision of law to the contrary, an applicant may propose and the board may approve or require an applicant to adopt a rate design that includes dynamic pricing, such as real-time pricing rates. Under such circumstances, the board may alter or waive the notice and filing provisions that would apply otherwise under section 225 of this title, provided the applicant ensures that each customer receives sufficient advance notice of the time-of-day usage rates.

(c)(1) The public service board shall take action, including the setting of telephone rates, enabling the state of Vermont to participate in the Federal Communications Commission telephone lifeline program. The board shall set one or more residential basic exchange lifeline telephone service credits, for those persons eligible to participate in the Federal Communications Commission Lifeline program.

(2) A person shall be eligible for the lifeline benefit who meets the department for children and families means test of eligibility, which shall include all persons participating in public assistance programs administered by the department. The department for children and families shall verify this eligibility, in compliance with Federal Communications Commission requirements. The benefit under this subdivision shall be equal to the full subscriber line charge, plus an amount equal to the larger of:

(A) 50 percent of the monthly basic service charge, including 50 percent of all mileage charges and, if the board determines after notice and opportunity for hearing that their inclusion will make lifeline benefits more comparable in different areas, 50 percent of the usage cost arising from a fixed amount of monthly local usage; and

(B) \$7.00 per month;

provided that in no event shall the amount of the monthly credit exceed the monthly basic service charge, including any standard usage and mileage charges.

(3) A person shall also be eligible for the lifeline benefit who submits to the commissioner of taxes an application containing any information and disclosure of information authorization necessary to process the lifeline credit. Such application shall be filed with the commissioner on or before June 15 of each year and shall be signed by the applicant under the pains and penalties of perjury. A person shall be eligible who is 65 years

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of age and older whose modified adjusted gross income as defined in 32 V.S.A. § 5829(b)(1) for the preceding taxable year was less than 175 percent of the official poverty line established by the federal Department of Health and Human Services for a family of two published as of October 1 of the preceding taxable year. A person shall be eligible whose modified adjusted gross income as defined in 32 V.S.A. § 5829(b)(1) for the preceding taxable year was less than 150 percent of the official poverty line established by the federal Department of He

alth and Human Services for a family of two published as of October 1 of the preceding taxable year. In the case of sickness, absence, disability, excusable neglect, or when, in the judgment of the secretary of human services good cause exists, the secretary may extend the deadline for filing claims under this section. The provisions of 32 V.S.A. § 5901 shall apply to such application. The commissioner of taxes shall transmit the application to the secretary of human services and shall perform such income verification as is requested by the secretary. Upon enrollment in the program, and for each period of renewal, such participant shall receive the credit for 12 ensuing months. The benefit under this subdivision shall be equal to the full subscriber line charge, plus an amount equal to the larger of:

(A) 50 percent of the monthly basic service charge, including 50 percent of all mileage charges and, if the board determines after notice and opportunity for hearing that their inclusion will make lifeline benefits more comparable in different areas, 50 percent of the usage cost arising from a fixed amount of monthly local usage; and

(B) \$7.00 per month;

provided that in no event shall the amount of the monthly credit exceed the monthly basic service charge, including any standard usage and mileage charges.

(4) Notwithstanding any provisions of this subsection to the contrary, a subscriber who is enrolled in the lifeline program and has obtained a final relief from abuse order in accordance with the provisions of 15 V.S.A. chapter 21 or 33 V.S.A. chapter 69 shall qualify for a lifeline benefit credit for the amount of the incremental charges imposed by the local telecommunications company for treating the number of the subscriber as nonpublished and any charges required to change from a published to a nonpublished number. Such subscribers shall be deemed to have good cause by the secretary of human services for the purpose of extending the application deadline in subdivision (3) of this subsection. For purposes of this section, "nonpublished" means that the customer's telephone number is not listed in any published directories, is not listed on directory assistance records of the company, and is not made available on request by a member of the general public, notwithstanding any

claim of emergency a requesting party may present. The department shall develop an application form and certification process for obtaining this lifeline benefit credit. Upon enrollment in the program, such participant shall receive the lifeline benefit credit until the end of the calendar year. Renewals shall be for a period of one year.

(5) [Repealed.]

(d) The board may permit recovery in a company's rates of all or a reasonable portion of the company's expenditures directly related to aesthetic improvements of utility substations, provided that such aesthetic improvements are incidental to other necessary expenditures at

or in the vicinity of the substation.

(e) Notwithstanding any other provisions of this section, the board, on its own motion or upon petition of any person, may issue an order approving a rate schedule, tariff, agreement, contract, or settlement that provides reduced rates for low income electric utility consumers better to assure affordability. For the purposes of this subsection, "low income electric utility consumer" means a customer who has a household income at or below 150 percent of the current federal poverty level. When considering whether to approve a rate schedule, tariff, agreement, contract, or settlement for low income electric utility consumers, the board shall take into account the potential impact on, and cost-shifting to, other utility customers.

(f) Regulatory incentives for renewable generation.

(1) Notwithstanding any other provision of law, an electric distribution utility subject to rate regulation under this chapter shall be entitled to recover in rates its prudently incurred costs in applying for and seeking any certificate, permit, or other regulatory approval issued or to be issued by federal, state, or local government for the construction of new renewable energy to be sited in Vermont, regardless of whether the certificate, permit, or other regulatory approval ultimately is granted.

(2) The board is authorized to provide to an electric distribution utility subject to rate regulation under this chapter an incentive rate of return on equity or other reasonable incentive on any capital investment made by such utility in a renewable energy generation facility sited in Vermont.

(3) For the purpose of this subsection, "renewable energy" and "new renewable energy" shall be as defined in section 8002 of this title.

(g) Each company subject to the public service board's jurisdiction that distributes electrical energy shall have in place a rate schedule for street lighting that provides an option under which efficient streetlights, including light-emitting diode (LED) lights, are installed on company-owned fixtures. These rate schedules also shall include a separate option under which customers may own street lighting and install efficient streetlights, including LED lights, on customer-owned fixtures. (Amended 1959, No. 329 (Adj. Sess.), § 39(b), eff. March 1, 1961; 1981, No. 245 (Adj. Sess.), § 1; 1985, No. 13, eff. April 11, 1985; No. 48, § 2; 1985, No. 176 (Adj. Sess.), eff. May 13, 1986; 1989, No. 146 (Adj. Sess.); 1991, No. 239 (Adj. Sess.), § 1, eff. June 1, 1992; 1995, No. 99 (Adj. Sess.), § 7; 1997, No. 135 (Adj. Sess.), § 2; 1999, No. 147 (Adj. Sess.), § 4; 1999, No. 152 (Adj. Sess.), § 273; 1999, No. 157 (Adj. Sess.), §§ 5, 16; 2003, No. 98 (Adj. Sess.), § 2; 2005, No. 174 (Adj. Sess.

), § 58; No. 208 (Adj. Sess.), § 11; 2007, No. 92 (Adj. Sess.), §§ 13, 13a; 2009, No. 45, § 6, eff. May 27, 2009; 2009, No. 78 (Adj. Sess.), § 23, eff. April 15, 2010; 2011, No. 47, § 20f, eff. May 25, 2011; 2011, No. 139 (Adj. Sess.), § 51, eff. May 14, 2012.)

NEBRASKA TELEPHONE ASSISTANCE PROGRAM (NTAP) APPLICATION AND CERTIFICATION FORM

(If you live on Tribal land, DO NOT use this application. Contact your local phone company for a Tribal land discount.)

APPLICANT INSTRUCTIONS: In order to be approved to receive assistance on your phone bill you must complete and sign this application. Read this application completely (**Front and Back**), answer all questions on this form, provide all documents requested, sign this application and return it to the NTAP department at: **PO Box 94927, Lincoln, NE 68509.**
Have Questions: Call 1-800-526-0017 or in Lincoln, 402-471-3101

Applicant's complete Social Security Number: _____ - _____ - _____

United States Citizenship Attestation: For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

- ☐ I am a citizen of the United States
----OR----
☐ I am a qualified alien under the federal immigration and Nationality Act, my immigration status and alien number are as follows: My alien number is: _____ and I agree to provide a copy of my USCIS documentation upon request.

Members of the Applicant's Household

A "household" is any individual or group of individuals (related or unrelated) who are living together at the same address as one economic unit. If an adult has no or minimal income and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents/guardians.

Please list all members of your household including yourself/applicant.

First Name	MI	Last Name	Social Security Number	Date of Birth (Month/Day/Year)

****PLEASE NOTE: THIS APPLICATION IS PRINTED FRONT AND BACK. REMEMBER TO DOUBLE CHECK EACH SIDE TO MAKE SURE YOUR APPLICATION IS COMPLETE****

Nebraska Telephone Assistance Program Applicant Information-Please Print

Applicant Name: Last _____ First _____ MI _____

Last 4 digits of Applicant's Social Security Number: _____ Applicant's Date of Birth: ____/____/____

Street Address of where you live (This cannot be a PO Box):

Street: _____ Apt Number: _____

City: _____ State: _____ Zip Code: _____

Please check one: Is the address listed above: ☐ Temporary ☐ Permanent

Mailing Address: ONLY if different from the address you listed above. This can be a PO Box.

Mailing Address: _____

City: _____ State: _____ Zip: _____

Members of the Applicant's Household

A "household" is any individual or group of individuals (related or unrelated) who are living together at the same address as one economic unit. If an adult has no or minimal income and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents/guardians.

There are _____ members in my household including applicant.

Is there more than one household at the address you listed above? Check ☐ NO or ☐ YES

*Note please read definition of household above. Household does not include others living at apartment complex, nursing home or assisted living building, only those at your specific address.

PHONE INFORMATION ***PLEASE NOTE*** Not all companies offer NTAP in all coverage areas.

Name of My Phone Company: _____

My Phone Number is: (____) _____

Customer Name on Phone Bill: _____

*Please Note** the customer name listed on the phone bill must be a living adult member of the applicant's household

OR mark that you do not currently have phone service

☐ I do not currently have phone service

ELIGIBILITY REQUIREMENTS: ELIGIBLE PROGRAMS-Circle which program(s) you currently receive. If requested please send documentation showing your current participation. If you are not on one of the programs below, you may still be eligible for NTAP based on your income. Please see section below for income guidelines. You do not have to meet both program and income guidelines to be eligible.

- ☐ Medicaid-No Proof Needed
- ☐ Low-Income Home Energy Assistance (LIHEAP) -No Proof Needed
- ☐ Supplemental Nutrition Assistance Program (SNAP)-No Proof Needed
- ☐ Temporary Assistance for Needy Families (TANF)-No Proof Needed
- ☐ Kids Connection (SAM, MAC or EMAC)-No Proof Needed
- ☐ Federal Public Housing-Complete section of form titled "Housing Authority Personnel Please Note" on last page.
- ☐ National School Lunch Program **Free** Lunch Program-Current award letter from school or Call NTAP for form
- ☐ Supplemental Security Income (SSI)-Current award letter from Social Security Administration
- ☐ My income is at or below 135% of the poverty level-See eligibility guideline section on last page.

Each of the following statements **MUST** be marked in order to receive phone assistance.

I Certify Under Penalty of Perjury that:

- ☐ I agree to notify my phone provider and complete a new application requesting assistance within 30 days of moving.
- ☐ I understand that if I provided a temporary address above I am required to verify my address every 90 days. I understand that if I fail to respond to address verification, it may result in my being de-enrolled (the credit being removed from my phone account) from NTAP.
- ☐ I understand completion of this application does not constitute immediate acceptance into this program.
- ☐ I understand that I will be required to recertify my information and provide proof of participation in one of the programs listed in the eligibility section of this application or provide proof that my income is currently at or below 135% of the poverty level at any time. I understand that failure to recertify my information and/or provide proof of current participation in one of the programs listed in the eligibility section of this application or that my income is currently at or below 135% of the poverty level will result in being de-enrolled (having the credit removed from my phone account) from the program.
- ☐ I understand that NTAP is a non-transferable benefit and that I may not transfer this benefit to any other person.
- ☐ I understand that NTAP is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment (credit being removed) or being barred from the program.
- ☐ I understand that at any time I may be requested to re-certify my continued eligibility and that if I fail to re-certify it will result in me being de-enrolled (credit removed from my account) from NTAP.
- ☐ I understand that if I am receiving more than one NTAP credit or if for any reason I no longer satisfy the criteria outlined in this application to receive NTAP support I will notify my phone company and NTAP within 30 days and that failure to abide by this requirement may result in penalties.
- ☐ I understand that there can only be one supported phone line per household, I have read the definition of household provided above and I understand that if I violate the one supported phone line per household rule it violates the FCC's rules, I will be de-enrolled (credit removed from my account) from NTAP and this violation could result in criminal prosecution by the U.S. Government.
- ☐ I will notify my phone provider and NTAP within 30 days if my household is receiving more than one NTAP benefit or if at the time that I am applying for NTAP assistance another person in my household is already receiving assistance from NTAP. I understand that failure to follow this requirement may result in penalties.
- ☐ I agree to notify my phone provider and complete a new application requesting assistance within 30 days of changing my phone provider or phone number.
- ☐ I understand that if I am completing this application due to a change of phone providers, it will not result in more than one NTAP supported phone account in my household or I understand that in the future if I change phone providers, this change cannot result in more than one NTAP supported telephone account in my household.
- ☐ I currently participate in one of the programs listed above in the eligibility section of this application or that my income is currently at or below 135% of the poverty level and I have provided proof of participation or proof of income if required to do so.
- ☐ I understand it is my responsibility to notify the NTAP and my phone company within 30 days after I no longer participate in at least one of the qualifying programs or that my income is no longer at or below 135% of the poverty level and that failure to abide by this requirement may result in penalties.

hereby certify that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States. I further certify, under penalty of perjury, the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance from this program. By signing this application, I hereby give consent to release my information provided in this application to the administrator of the Lifeline Program-Universal Service Administrative Company and I understand that the information released will be kept confidential.

Applicant or POA Signature

Date

If an authorized representative is signing the application, a copy of the Durable Power Of Attorney or Guardianship document must be included

NTAP ELIGIBILITY BASED ON INCOME GUIDELINES Do not complete this section if you completed the Program eligibility section above. Income is all income received by all members of a household. This includes, but is not limited to: salary before deductions of taxes, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, workers' compensation benefits, gifts, and lottery winnings.

Household Size	1	2	3	4	For each add'l person
At or below	\$15,080	\$20,426	\$25,772	\$31,118	Add \$5,346

You must provide copies of documentation to show that your annual income is at or below 135% of the poverty level. Below is a list of documents accepted to show proof of income. When submitting documentation, please do not submit a document that is over 1 calendar year old. If possible, please send a copy of the documents you are submitting. Submitted documents will not be returned.

Salaries, Wages, Tips, Commissions, etc.: Three consecutive months of paystubs, your most recent W2 forms or last year's income tax form. If you are self-employed; send a copy of your recent income tax form.

Retirement, Social Security or Pensions: Copies of your award notice or statement of benefits letter.

Workers' Compensation, Unemployment or Disability: Copy of the letter you received from Workers' Compensation, letter from State employment office, check stubs or your award letter from the Social Security Office.

Military Benefits: Copy of your Veterans, Civil Service, or Military Allotment benefits statement.

Child Support or Alimony: Copy of checks received, court decree or legal agreement.

Other: Any award letters or benefit statements of other income received.

Household has no income: If your household does not have any income, you are required to submit a written statement which clearly states that your household has no income. Your statement must be signed and dated by you, the applicant and be included with the application you return to NTAP.

PROOF OF FEDERAL HOUSING DOCUMENT: If you are receiving Federal Housing Assistance, please have your local Housing Authority Personnel complete this document. Please return this document to the NTAP department with your completed application.

HOUSING AUTHORITY PERSONNEL PLEASE NOTE:

You are completing this document as verification that the person below is receiving Federal Housing Assistance (HUD, Section 8 or USDA Rural Development). Please complete all the information below.

Tenant Name:

AGENCIES hereby "certify" that their office is directly involved with administering the program(s) or has access to the records of the office that does administer the program(s), and the applicant is currently on these program(s).

Authorized Signature and Title (Housing Authority Personnel ONLY)

Printed Name of Authorized Personnel

Date

()

Telephone Number

Agency Address

City

State

Zip Code